

Tomorrow's Stars Basketball Clinic

PLEASE CHECK THE CLINIC YOU WILL BE ATTENDING

☐ July 7-11, 2003 Cambridge, MA

☐ July 21-25, 2003 Cambridge, MA

PLEASE PRINT

Participant's Name _____

Date of Birth _____

Age _____

☐ Male ☐ Female

T-shirt Size (Men's sizes) ☐ XXL ☐ XL ☐ L ☐ M ☐ S

Address _____

City _____ State _____ ZIP _____

Home Phone # _____ Emergency Phone # _____

Email _____

Healthcare Provider _____

Member Policy # _____

Allergies/Medications _____

Amount Enclosed \$ _____

**Make check payable to Tomorrow's Stars.
Please send me more brochures. ☐ How many _____**

Medical insurance (mandatory) will not be processed without complete information and deposit. Each participant must submit immunization history before the start of camp. *This is Mandatory.*
A per session, non-refundable, non-transferable deposit must accompany this application and the balance of the clinic fee is to be paid on or before the first day of the clinic. If you need to cancel, you must do so in writing 14 days prior to the start of the clinic. You will then have the choice of a refund minus a \$100 administration fee or a full credit good for one year. However, no -refunds or credits will be issued if you cancel less than 14 days prior to the clinic.

I, the undersigned, submit my son/daughter is physically fit to participate in strenuous athletic activity, and waive Tomorrow's Stars of any and all responsibility for injury or illness. I hereby authorize the directors of Tomorrow's Stars to act for me according to their best judgment in any emergency requiring medical attention. I also understand that I am solely responsible for the payment of any such medical expenses and must provide the clinic with proof of medical and accident insurance.

Print Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Mail to:

Tomorrow's Stars Basketball Clinic

881 Washington Street
Franklin, MA 02038

Phone: (508) 387-7979 Fax: (508) 553-9032

web: www.starsbb.com

email: mailto:tomorrowsstars@yahoo.com

OFFICE USE ONLY

Amount Paid _____

Reply _____

Date

Recorded _____

Entered _____

Balance _____
C/R _____

